

<b>Case Number:</b>	CM13-0048530		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries; and earlier right shoulder surgery. In a Utilization Review Report dated November 1, 2013, the claims administrator denied a request for Norco, Prilosec, and Motrin. The applicant's attorney subsequently appealed. In a September 24, 2013 progress note, the applicant reported heightened low back, bilateral shoulder, and bilateral wrist pain. The applicant was using Norco up to five times daily for pain control. Motrin was also being used in unspecified amounts. Prilosec was being employed for stomach trouble. The applicant stated, in the review of systems section of the report, that her heartburn was controlled with Prilosec. Norco, Prilosec, and Motrin were all renewed. The attending provider suggested that the applicant consult a pain management physician to consider interventional spine procedures. The applicant was apparently returned to regular duty work. Earlier notes of April 2, 2013 and August 30, 2013 also reiterated that the applicant was working regular duty and tolerating appropriately, despite ongoing pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**NORCO:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has successfully achieved and/or maintained return-to-work status at [REDACTED], reportedly as a result of ongoing Norco usage. The applicant is reporting appropriate analgesia with the same, it is further noted. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**PRILOSEC:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat NSAID-induced dyspepsia. In this case, the applicant is reporting ongoing issues with and symptoms of reflux and dyspepsia, reportedly controlled as a result of introduction of Prilosec. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**MOTRIN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 22, Antiinflammatory Medications topic.2. MTUS page 7.3. MTUS 9792.20f Page(s): 7, 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic multifocal pain complaints reportedly present here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that ongoing usage of analgesic medications, including Motrin, has helped the applicant achieve and/or maintain successful return-to-work status and that ongoing usage of said medications has, in fact, been beneficial. Therefore, the request is medically necessary.

